

ROSS FY 1999 FUNDING

PART III

RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT

ROSS FY 1999 FUNDING RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT

OVERVIEW

PROGRAM DESCRIPTION

These grants are available to establish and strengthen organizational capacity for site-based resident associations (RAs) that do not have the capacity to administer a welfare to work program or conduct management activities.

ELIGIBLE APPLICANTS

- Site-Based Resident Associations (RAs) representing public housing residents, Tribes and TDHEs that partner with Tribal Resident Organizations or Tribal Resident Management Corporations, and City-Wide Resident Organizations (CWROs).
- If an RA is a beneficiary or recipient of a proposed grant activity by a CWRO, the RA cannot also apply under this category.
- Previous TOP grantees must demonstrate that they have spent at least 75% of any prior grant by the publication date of this NOFA.
- Applications from a Tribe must include a Memorandum of Understanding (MOU).

ELIGIBLE ACTIVITIES

- Training related to resident-owned business or cooperative development and technical assistance for job training and placement in RMC developments;
- Technical assistance and training in resident managed business development through: feasibility and market studies; development of business plans; outreach activities; and innovative financing methods including revolving loan funds and the development of credit unions; and legal advice in establishing a resident-managed business entity or cooperative
- Establishing and funding revolving loan funds;
- Training residents, as potential employees of an RMC, in skills directly related to the operation, management, maintenance and financial systems of a development;
- Training residents with respect to fair housing requirements;

- Gaining assistance in negotiating management contracts and designing a long-range planning system.
- Providing social support needs (such as self sufficiency and youth initiatives) including:
 - Feasibility studies to determine training and social services needs;
 - Training in management-related trade skills, computer skills, and similar skills;
 - Management-related employment training and counseling including job search assistance, job development assistance, job placement assistance, and follow up assistance;
 - Support services including: child care services; educational services, remedial education, literacy training, ESL instruction, assistance in attaining a GED; vocational training including computer training; health care outreach and referral services; meal services for the elderly or persons with disabilities; personal assistance to maintain hygiene/appearance for the elderly or persons with disabilities; housekeeping assistance for the elderly or persons with disabilities; transportation services; congregate services for the elderly or persons with disabilities; and case management;
 - Training for programs such as child care, early childhood development, parent involvement, volunteer services, parenting skills, before and after school programs;
 - Training programs on health, nutrition, safety and substance abuse;
 - Workshops for youth services including: child abuse and neglect prevention, tutorial services, youth leadership skills, youth mentoring, peer pressure reversal, life skills, and goal planning. The workshops could be held in partnership with community-based organizations such as local Boys and Girls Clubs, YMCA/YWCA, Boy/Girl Scouts, Campfire, and Big Brother/Big Sisters
 - Training in the development of strategies to successfully implement a youth program. For example, assessing the needs and problems of the youth, improving youth initiatives that are currently active, and training youth, housing agency staff, resident management corporations and resident councils on youth initiatives and program activities;
- Physical improvements to facilities at public housing developments in order to provide space for self-sufficiency activities for residents, i.e. to provide cosmetic improvements and repairs to space to conduct community activities; or to expand existing community space for proposed ROSS activities. Physical improvements **may not exceed 50%** of the total grant amount and must be directly related to providing space for self-sufficiency activities for residents. Refer to Office of Management and Budget (OMB) Circular A-87, Cost Principles for State, Local and Indian Tribal Governments:
 - Renovation, conversion, and repair costs may be essential parts of physical improvements. In addition, architectural, engineering, and related professional services required to prepare architectural plans or drawings, write-ups, specifications or inspections may also be part of the cost components to implement physical improvements.

- The renovation, conversion, or combination of vacant dwelling units in a PHA /Tribe/TDHE development to create common areas to accommodate the provision of supportive services is an eligible activity for physical improvement.
- The renovation of existing common areas in a PHA/Tribe/TDHE development to accommodate the provision of supportive services.
- The renovation or repair of facilities located near the premises of one or more PHA/Tribe/TDHE developments to accommodate the provision of supportive services.

APPLICATION SELECTION PROCESS

Applicants for Resident Management and Business Development Grants are required to address application submission requirements, but are not required to address selection. Eligibility will be determined by applications that meet the threshold requirements of this NOFA.

HUD will accept for funding the first five eligible applications from each of the ten federal regions and from ONAP National Program in Denver (ONAP) on a first-come, first-serve basis for 60 days after this NOFA is published. Any funds remaining after making awards to the first five eligible applications from each region and ONAP will be awarded to the next eligible application from each region or ONAP, then the next, and so forth until funds are exhausted. If sufficient funds are not available in any round to fund an eligible application from each region, the eligible applications will then be funded in the order in which they were received regardless of region.

If sufficient funds are not available in any round to fund an eligible application from ONAP, or if funds remain available after funding every eligible ONAP application, the remaining funds are transferable to other funding categories in this NOFA in the following order: first, to qualifying applications from Tribes/TDHEs for Resident Service Delivery Model grants; second to qualifying applications from Tribes/TDHEs for Resident Capacity Building and/or Conflict Resolution grants; third, to qualifying applications for Resident Management and Business Development grants from applicants that are not Tribes/TDHEs.

In addition, if all funds are not awarded in this funding category to eligible regional applications received within 60 days after this NOFA is published, funds are transferable to other non-Tribe/THDE funding categories in this NOFA in the following order: first, service coordinators; second, Resident Capacity Building and/or Conflict Resolution; third, Resident Service Delivery Models.

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Applicant: _____ **Date:** _____

APPLICATION CHECKLIST

Your application is complete when you have the following:

- ☐ **COVER MATERIALS (See Part II of this application kit for forms in this tab.)**
 - Table of Contents/Checklist
 - ☐ Application Checklist
 - ☐ Application for Federal Assistance (Form SF-424)
 - ☐ Budget Information—Non-Construction Programs (Form SF-424A)
 - ☐ Fact Sheet
 - ☐ Program Summary
- ☐ **TAB 1**
 - Threshold Requirements
 - ☐ Threshold Checklist
 - ☐ Chart A: Resident Characteristics
 - ☐ RA/PHA Memorandum of Understanding
 - ☐ Accessible Community Facility
 - ☐ Match Agreements
 - ☐ Contract Administrator Agreement
 - ☐ Proof of Nonprofit Status
 - ☐ Certification of Resident Council Board Election
 - ☐ RMBD Applicant/Administrator Certification

ROSS FY 1999 FUNDING RESIDENT SERVICE DELIVERY MODELS

APPLICATION CHECK LIST (Continued)

- ☐ RMBD Certification of Consistency and Compliance
- ☐ List of RAs Receiving Support
- ☐ **TAB 2**
Program Description and Budget
 - ☐ Needs Assessment Report
 - ☐ Chart B: Activity Plan Summary
 - ☐ Chart C: RMBD Activity Breakout
 - ☐ Chart D: Program Resources
 - ☐ Chart E: Detailed Budget
 - ☐ Chart F: Program Staffing
 - ☐ Staff Position Descriptions
 - ☐ Resumes
 - ☐ Chart G: Applicant/Administrator Track Record
 - ☐ Narrative for Coordination with State or Tribal Welfare Plan/Consolidated Plan/Other Activities
 - ☐ Certification of Consistency with Consolidated Plan
 - ☐ Physical Improvement Description (if applicable)
- ☐ **TAB 3**
Other Certifications and Assurances (See Section VII of this Application Kit for all forms in this tab.)
 - ☐ Assurances – Non-Construction Programs (Form SF-424B)
 - ☐ Certification for a Drug-Free Workplace (Form HUD–50070)

- ❑ Applicant/Recipient Disclosure/Update Report (Form HUD-2800)
- ❑ Applicant's Disclosure on Lobbying Activities
- ❑ Disclosure of Lobbying Activities (Form SF- LLL)
- ❑ Certification of Payments to Influence Federal Transactions (Form HUD-50071)
- ❑ Certification or Disbarment and Suspension (Form HUD-2992)
- ❑ Acknowledgement of Application Receipt

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RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT

TAB 1

THRESHOLD REQUIREMENTS

**ROSS FY 1999 FUNDING
RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT**

THRESHOLD CHECKLIST

Applicant: _____

Date: _____

You must address the following threshold requirements for your application to be complete and acceptable for rating and ranking. You can verify that information is included in your application kit by using a check mark in the space provided. Please note that HUD will also verify that information is included appropriately. (See NOFA, Section IV (A)(8) and VII.)

THRESHOLD REQUIREMENT	APPLICANT USE ONLY	HUD USE USE ONLY
1. Focus on Residents Affected by Welfare Reform	_____	_____
2. RA/PHA Partnership	_____	_____
3. Accessible Community Facility	_____	_____
4. Match Requirements	_____	_____
5. Contract Administrator (RA applicants only)	_____	_____
6. Applicant Nonprofit Status	_____	_____
7. Certification of Elections	_____	_____
8. Compliance with Current Programs	_____	_____
9. Compliance with Civil Rights Requirements	_____	_____
10. List of RAs Receiving Support (CWRO applicants only)	_____	_____

ROSS FY 1999 FUNDING RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT

Applicant: _____

Date: _____

THRESHOLD REQUIREMENTS

See NOFA, Section IV(A)(8) and VII

The Grants Management Center (GMC) will conduct a threshold review to determine your eligibility. Under the threshold review, you will be rejected from the competition if you are not in compliance with the threshold requirements.

1. Focus on Residents Affected by Welfare Reform. Your RMBD application must contain written evidence that at least 51% of residents to be included in your proposed program are affected by welfare reform legislation. This requirement is not applicable to your program if it serves the elderly or persons with disabilities.

Complete the following **Resident Characteristics Chart** for the housing development you propose to serve. Indicate whether separate charts were completed for each development or whether one chart was prepared for the developments combined.

General Instructions for the Resident Characteristics Chart

It is not required that every statistic requested in the **Resident Characteristics Chart** be provided. Nevertheless, the data provided must be sufficient to permit: (1) an assessment of the needs of eligible potential participants related to your proposed program goals; and (2) development of, and documentary support for, activities that meet these needs. Charts B and C constitute a work plan to meet the needs identified in the **Resident Characteristics Chart** and the Needs Assessment Report. For RMBD applications, your data must demonstrate that at least 51% of participating residents **are** TANF recipients or affected recipients of Food Stamps and SSI. Elderly or disabled residents may be included in the 51% if: (1) their Medicaid or Food Stamp benefits are affected by welfare reform, or (2) they provide services such as child care or mentoring to families affected by welfare reform.

Complete the first column in the Resident Characteristics Chart to describe the entire resident population in the public housing or other development(s) identified in your proposed program. Break out data for TANF/AFDC families in the second column, and for Elderly/Disabled persons/families on SSI in the third column.

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General Instructions for the Resident Characteristics Chart (continued)

Indicate "**NA**" in any answer space for data requested that is not available or not pertinent to the clientele proposed to be served. **For example**, if you propose to serve TANF/AFDC families only, you may put "**NA**" in all items under the entire column for "**Elderly/Disabled on SSI.**" You are not required to conduct a survey prior to submitting your application for the sole purpose of completing the Resident Characteristics Report. If no survey information is available on a particular topic, specify the various population subgroups that you propose to serve.

If you propose to assist more than one site you may aggregate data for all sites in a single Resident Characteristics Chart under the column "***Proposed Developments.***" Notwithstanding, if you want to highlight distinctions between sites related to need, you may want to provide a separate **Resident** Characteristics Chart for each site.

If you are providing separate Resident Characteristics Charts for each site you **must** write the name of the development for which the Resident Characteristics Chart was prepared at the top of each chart. If you are providing aggregate data for all sites you propose to assist in a single Resident Characteristics Chart, you should write the word "**ALL**" in the space provided.

Finally, in the last row, specify the number of persons you plan to serve in your proposed RMBD-funded program.

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Applicant: _____

Date: _____

Chart A: RESIDENT CHARACTERISTICS IN _____ DEVELOPMENT(S) PROPOSED FOR ASSISTANCE UNDER RMBD

DEMOGRAPHIC STATISTICS SHOWING NEED

	All Residents in Proposed Development	TANF/AFDC Families Only	Elderly/Disabled on SSI Only
Total Number of Households			
Average Household Income			
Number of Children: <i>Preschool 0 - 5</i>			
<i>Grade School 6 - 12</i>			
<i>Teenagers 13 -17</i>			
TOTAL			
Number & Pct. of Households w/Children	/	/	/
Number & Pct. over 65 years	/	/	/
Number & Pct. with Disabilities	/	/	/
Number & Pct. Adults with High School Diploma/GED	/	/	/
High School Dropout Rate/Number			
Number & Pct. Heads of Household Unemployed	/	/	/
Number & Pct. Heads of Household :	/	/	/
<i>Employed Full-Time</i>			
<i>Employed Part-Time</i>			
TOTAL			
Number & Pct. Households on Welfare (TANF, SSI, etc)	/	/	/
Number/Pct. Adults in: <i>Job Training</i>	/	/	/
<i>Entrepreneurship Training</i>			
<i>Community Service Program</i>			
Number & Pct. Households with Non-Citizens Impacted by Welfare Reform	/	/	/
Other Statistical Indicators			
Number of residents to be served by RMBD grant			

In the space below, specify the source(s) of the above statistical information -- e.g., Census of Population Tract Data; housing agency's data systems based on the residents' Form HUD-50058; HUD's Multifamily Tenant Certification System; or other data source.

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2. Partnership between the Resident Association and the Housing Agency. (1) The application must contain a signed Memorandum of Understanding (MOU) between the RA and the PHA which describes the specific roles, responsibilities and activities to be undertaken between the two entities. (2) The MOU, at a minimum, must identify the principle parties (i.e. the name of the PHA and RA), the terms of the agreement (expectations of terms for each party), and indicate that the agreement pertains to the support of the RA grant application. This document is the basis for foundation of the relationship between the RA and PHA . It must be precise and outline the specific duties and objectives to be accomplished under the grant. All MOUs must be finalized, dated and signed by duly authorized officials of both the RA and PHA upon submission of the application. A sample MOU is provided.

SAMPLE RMBD MEMORANDUM OF UNDERSTANDING (MOU)

This Memorandum of Understanding, hereinafter referred to as "MOU," is made and entered into by and between the _____ Housing Authority, a governmental entity corporation, hereinafter referred to as "PHA," and the Resident Association of _____, a resident community organization, hereinafter referred to as "RA." The parties hereto agree as follows:

I. REPRESENTATIONS

WHEREAS, the RA is applying for Resident Management and Business Development (RMBD) funds from the Department of Housing and Urban Development (HUD) to further its objectives in representing the residents of _____.

WHEREAS, the RA agrees to comply with all terms and conditions expressed in HUD's Notice announcing applications for technical assistance, applicable provisions of 24 CFR 964, provisions of any technical assistance grant agreement entered into with HUD, and any other stipulations made by PHA and agreed to in writing by a duly authorized representative of these organizations pertaining to the technical assistance provided.

WHEREAS, the PHA is supporting the application of the RA for the RMBD grant and agrees to provide technical assistance to the RA in accordance with HUD's regulations.

WHEREAS, pursuant to the commitment made by the PHA, this MOU is executed outlining the type, scope and extent of the services which will be provided by the PHA to the RA if the grant is funded. If the grant is not funded, this agreement will be null and void.

Both parties herein fully understand and agree to the following roles and responsibilities:

1. The PHA will provide technical assistance in preparing Requests for Proposals to procure professional services, advertising, and/or award of contracts, advertising and selection of the vendor to award the contract, and in drafting the actual contract.
2. The PHA will render the technical assistance in compliance with the Procurement Policy, the Procurement Law, and the laws of the State and Local government.
3. The PHA will provide on-the-job training and in-kind support to the RA or related to the activities of the RMBD, if requested by the RA .

SAMPLE RMBD MOU (continued)

4. The PHA understands the goals of the RA under the RMBD and will make every effort, within the budgetary allowance and solicitation of resources and services from the community, to achieve the goals of the RA .
5. The PHA agrees to provide to the RA information on relevant training or seminars in regards to RMBD.
6. The PHA agrees to provide transportation to the RA for all meetings pertaining to RMBD.
7. The PHA agrees to promote the establishment of any resident businesses established under RMBD.
8. The PHA agrees to allow its staff persons to provide technical assistance on any issues pertaining to RMBD.
9. The PHA agrees to provide the RA with an office area and access to any necessary office equipment to conduct the affairs related to RMBD.
10. The PHA agrees to monitor all RA elections, as required by the regulations provided by HUD.
11. The PHA agrees to assist the RA in coordinating and monitoring the work of other contractors and partners who are providing program training and other assistance.
12. The RA agrees to cooperate with the PHA in improving the conditions of their community by recruiting residents on a continuous basis in relation to RMBD.
13. The RA agrees to only include public housing residents legally residing in their development(s) in implementing the RMBD Activities.
14. The RA agrees to hold fair and frequent elections for the resident organization board members, as stated in HUD's 24 CFR 964.130 (a)(1).
15. The RA has the right to conduct their own elections; however, the RA agrees to allow the PHA to monitor the election process and to act as the local arbitrator, if needed, to settle any and all disputes.
16. The RA agrees to develop and adhere to official by-laws.
17. The RA agrees to provide the PHA with a copy of its by-laws.

SAMPLE RMBD MOU (continued)

18. The RA agrees to maintain a viable resident organization representative of the residents who elected it's officers and Board of Directors, which may include receiving official recognition from the PHA and HUD to function as a RA pursuant to the HUD Regulations.
19. The RA agrees to work in a cooperative manner with PHA and HUD.
20. The RA agrees to inform residents of their rights and responsibilities to participate in economic development programs under RMBD.
21. The RA Board Members agree to monitor all administrative tasks related to the RMBD grant.
22. The RA agrees to inform and recruit public housing residents on a continuous basis, to participate in the RMBD activities.
23. The RA Board Members agree to participate in the RMBD activities.
24. The RA agrees to maintain financial control by becoming familiar with accrual basis accounting procedures to maintain good financial management along with the financial management firm.
25. The RA agrees to participate in all training provided to enhance the performance to their resident organization; such as Leadership Development, Procurement Procedures, Accounting, Computer Skills, Business Management, Marketing, etc.

WITNESS OUR HANDS EFFECTIVE _____

Resident Association

Housing Authority

RA President

Executive Director

Date

Date

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Applicant: _____

Date: _____

3. Accessible Community Facility. You must provide evidence **(e.g., an executed use agreement if the facility will be provided by an entity other than your organization)** that a majority of your proposed activities will be administered at community facilities within easy transportation access of your property. The facilities must be within walking distance or accessible by direct (i.e., no transfers required), convenient, inexpensive, and reliable transportation. Any community facilities must meet the structural accessibility requirements of Section 504 of the *Rehabilitation Act* and the *Americans with Disabilities Act*.

Provide a description of the location where training and other activities will be held. Describe where the facility is located in relation to the development(s) to be served, the days and hours of operation, how transportation needs to the facility will be addressed, and how the facility will be accessible to persons with disabilities. Also describe whether the facility to be used is currently in operation, if not, what steps will be taken to adequately operate the facility.

Attach an executed agreement between the applicant and other entity providing community facilities.

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Date: _____

4. Match Requirement. You must supplement grant funds with a cash and/or in-kind contribution match of not less than at least 25% of the grant amount. The match may include; the value of in-kind services, contributions or administrative costs provided to you; funds from Federal sources (but not ROSS, TOP, EDSS, or SC funds); funds from any State, Tribal, or local Government sources; and funds from private contributions.

Your application must demonstrate that the resources and services you will use as match amounts (including resources from your Comprehensive Grant, other governmental units/agencies of any type, and/or private sources, whether for-profit or not-for-profit) are firmly committed and will support your proposed grant activities. "Firmly committed" means there must be a written agreement to provide the resources and services signed by an official legally able to make commitments on behalf of the organization. The written agreement may be contingent upon you receiving a grant award.

Attach all separate firm commitments that equal at least 25% of the RMBD grant amount requested.

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Applicant: _____

Date: _____

5. Contract Administrator. For Applicants other than Tribes/TDHEs, HUD or an Independent Public Accountant has determined that the applicant's financial management system and procurement procedures fully comply with 24 CFR part 84, applicants that are resident councils, resident organizations, or resident management corporations are required to provide evidence that a Contract Administrator has been retained for the term of the grant. A Contractor Administrator must oversee the financial activities and assist with the entire implementation of the grant. A signed executed agreement must be included in the application. A sample agreement is included on the following page. This agreement may be contingent upon the applicant receiving a grant award.

The Contract Administrator may be: Local Housing Agencies (except for troubled PHAs); community-based organizations such as Community Development Corporations (CDC), churches; non-profits; State/Regional associations and organizations. If a grantee is unable to obtain the services of a Contract Administrator or accountant without charge, the cost for a Contract Administrator and or accountant is eligible. The grantee is required to maintain documentation on file showing what efforts it made to obtain the services of a Contract Administrator cost-free.

SAMPLE RMBD CONTRACT ADMINISTRATOR PARTNERSHIP AGREEMENT

This partnership agreement is made and entered into by and between the Contract Administrator (CA), (e.g., the local housing authority (PHA) or other non-profit corporations), hereinafter referred to as "CA," and the Resident Association of _____(housing development), hereinafter referred to as "RA."

WHEREAS, the RA is submitting this proposal for a Resident Management and Business Development (RMBD) to further its objectives in representing the residents of _____.

WHEREAS, the RA agrees to comply with all terms and conditions expressed in HUD's NOFA, applicable provisions of 24 CFR 964, provisions of any technical assistance grant agreement entered into with HUD, and any other stipulations made by the CA and agreed to in writing by a duly authorized representative of the RA pertaining to the technical assistance provided.

WHEREAS, the CA supports the RA's RMBD application and agrees to provide technical assistance to the RA in accordance with HUD's regulations.

WHEREAS, pursuant to the commitment made by the CA, this agreement is executed outlining the type, scope and extent of services that the CA will provide to the RA if the grant is funded. If HUD does not fund the grant, this agreement shall be null and void.

Both parties herein fully understand and agree to the following:

Roles and Responsibilities

The CA agrees to oversee the administration of the RMBD grant that includes financial management, procurement, completing the semi-annual reports, and ensuring that all grant activities are completed successfully within the grant period. In meeting these commitments, the CA agrees to abide by the provisions of 24 CFR Parts 964, 45, 84 and 85 and OMB Circulars A-87 and A-122.

The CA agrees to operate under the direction of the RA. The RA retains ultimate responsibility for all grant activities, including drawing down funds from HUD, grant expenditures, and reporting to HUD. The CA will have authority to draw down funds and submit reports to HUD only with the written authorization of the RA. All checks and other expenditures in an amount higher than \$_____ must be signed and/or approved by the RA or CA.

SAMPLE RMBD CONTRACT ADMINISTRATOR PARTNERSHIP AGREEMENT (continued)

The CA agrees to conduct an educational needs assessment to determine the skills of each resident selected to participate in the various training programs designed by the RA.

The CA agrees to provide training to board leaders and active members of the RA in the following areas within six months after the RA has executed an agreement with HUD:

- HUD/OMB grant requirements including but not limited to 24 CFR Part 964, 84, and 45 and OMB Circular A-122
- Board development
- Community relations
- Principles of supervision and leadership
- Communications channels and chain of command
- Principles of employee motivation and management
- Evaluation and monitoring procedures
- Management planning for business functions
- Determining support services needs
- Develop a social services provision plan
- Implement the implementation plan

Coordination of Training and Technical Assistance Services

The CA agrees to coordinate the provision of assistance from community organizations, governmental officials and other public services on a variety of related topics and available relevant resources to the residents. Following are suggested resources:

- Elected Officials
- Area Enrichment Programs
- Local Banks - Community Relations Departments
- Chamber of Commerce - Small Business Development Programs
- Community Development Agencies
- Private Industry Council
- Local and State Health and Human Services Agencies & Affiliates
- Local Higher Education and Continuing Education Facilities
- Local Independent School Districts
- Community Social Services Organizations

SAMPLE RMBD CONTRACT ADMINISTRATOR PARTNERSHIP AGREEMENT (continued)

Technical Assistance may also be provided on a variety of areas including but not limited to: general bookkeeping/record keeping procedures, procurement policies; banking procedures and managing grant funds.

Evaluation

The CA agrees to coordinate, conduct or assist the residents in evaluating the RMBD activities based on the methodology in the applicant's proposal to HUD.

Contracted Amount

No funds will be paid to the CA for services rendered prior to HUD selection of the RA for RMBD funding or for services rendered prior to the execution of a grant agreement between the RA and HUD. This agreement is conditioned on HUD's selection of the RA for RMBD funding.

The contracted amount for all services defined within the context of this contract is based on a _____ period of time beginning _____ and ending _____, or \$_____ for year one of the project, and \$_____ for year two of the project with year two beginning _____. The installment payments shall be made in the amount of \$_____ to _____ upon submission of a Payment Voucher (PV) for costs incurred.

Termination

The RA may terminate this agreement within 60 calendar days of written notice to the U.S. Department of Housing and Urban Development and the CA. Termination may be based on non-compliance or non-cooperation by the CA. Termination may only occur when all channels of resolution have been exhausted, including mediation between the two parties. If all avenues have been exhausted, termination will require a two-third majority vote of the Board of Directors of the RA.

WITNESS OUR HANDS EFFECTIVE _____

Resident Association

Contract Administrator

RA President

Executive Director

Date

Date

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Applicant: _____

Date: _____

6. Applicant Nonprofit Status. Both RA and nonprofit applicants **only** must submit evidence that the applicant is registered with the State as a nonprofit corporation at the time of application submission. Nonprofits only must have Section 501(c) nonprofit corporation status with the United States Internal Revenue Service at the time of application submission.

Evidence of State incorporation for all RA or nonprofit applicants shall be a copy of the Certificate of Incorporation or Certificate of Good Standing from the State government (Secretary of State or Secretary of Corporations). Evidence of a nonprofit applicant's current nonprofit status shall be a copy of the IRS's designation.

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7. Certification of Elections. Resident Organization applicants **only** must submit certification of the RA board election as required by HUD, signed by the local PHA and/or an independent third-party monitor and notarized.

CERTIFICATION OF RESIDENT COUNCIL BOARD ELECTION

I CERTIFY that _____
(name of organization)

located in _____ has duly elected
(city & state)

all of the Resident Council Officers as required by the U.S. Department of Housing and Urban Development, 24 Code of Federal Regulations, Part 964.

Date of Last Resident Council Board Election: _____.

(Name and Title of Certifying Housing Agency Official)

(Signature) (Date)

(Name and Title of Independent Third-Party Monitor)

(Signature) (Date)

NOTARY (Signature & Date)

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Applicant: _____

Date: _____

8. Compliance with Current Programs. Be in compliance with all the requirements of any HUD grant programs designed to assist resident self-sufficiency in which you are currently participating.

**RMBD APPLICANT/ADMINISTRATOR
CERTIFICATION**

I CERTIFY that my response to the following three questions are correct:

1. Is there any current HUD declaration of default against your organization or, if applicable, Contract Administrator for failure to meet any contractual obligation?
YES or NO (Please circle one.) (Explain any "YES" response.)

2. Are there any unresolved HUD Office of Inspector General Findings against your organization, or, if applicable, Contract Administrator?
YES or NO (Please circle one.) (Explain any "YES" response.)

3. Are there any unresolved HUD Fair Housing and Equal Opportunity monitoring review findings or HUD Field Office management review findings against your organization?
YES or NO (Please circle one.) (Explain any "YES" response.)

Signed this _____ day of _____, 1999

By: _____
Applicant Executive Director or other Authorized Representative

For: _____
Applicant Name

Verified by: _____ Date _____
For GMC

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Applicant: _____

Date: _____

9. Compliance with Civil Rights Requirements. You must be in compliance with all fair housing and civil rights laws, statutes, regulations, and executive orders as enumerated in 24 CFR 5.105(a). Federally recognized Indian tribes must comply with the *Age Discrimination Act of 1975* and the *Indian Civil Rights Act*. If you, the applicant, (a) have been charged by the Secretary with a violation of the *Fair Housing Act*, (b) are the defendant in a *Fair Housing Act* lawsuit filed by the Department of Justice, or (c) have received a letter of noncompliance findings under Title VI of the *Civil Rights Act*, Section 504 of the *Rehabilitation Act*, or Section 109 of the *Housing and Community Development Act*, then you are not eligible to apply for funding under this NOFA until you resolve such charge, lawsuit, or letter of findings to the satisfaction of HUD. Complete the following certification. (See NOFA, Sections VII(A), VII(B), and VIII(A).)

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RMBD Certification of Consistency and Compliance

I CERTIFY that the proposed RMBD activities will be consistent with the following and comply with all statutes, regulations, and U.S. Department of Housing and Urban Development guidance related to the following:

1. **Economic Opportunities for Low and Very Low-Income Persons.** Section 3 of the *Housing and Urban Development Act of 1968*, 12 U.S.C. sec. 1791u, Economic Opportunities for Low and Very Low-Income Persons; HUD regulations at 24 CFR part 135, including but not limited to subpart E and G reporting requirements; and any Section 3 employment, housing opportunity, or other plan adopted by the Housing Agency.
2. **Fair Housing.** Affirmative duty to further fair housing, including elimination of impediments to fair housing; the local jurisdiction or regional Analysis of Impediments to Fair Housing Choice; and the affirmative duty to carry out activities proposed specifically in the RMBD application to address the furtherance of fair housing.
3. **Uniform Relocation.** *Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970*, as amended (URA) and implementing regulations at 49 CFR part 24.
4. **Nondiscrimination.** The *Americans with Disabilities Act*, Title IX of the *Education Amendments Act of 1972*, the *Fair Housing Act*, Title VI of the *Civil Rights Act of 1964*, the *Equal Pay Act*, Section 504 of the *Rehabilitation Act of 1973*, the *Age Discrimination Employment Act of 1967*, and the *Age Discrimination Act of 1975*.
5. **Cost Principles.** OMB Circular No. A-122 (Cost Principles for Nonprofit Organizations) or OMB Circular No. A-87 (Cost Principles for Local Units of Government), as appropriate.
6. **Administrative Requirements.** The administrative requirements of 24 CFR part 84 or part 85, as appropriate.

Signed this _____ day of _____, 1999.

By: _____
Applicant Chief Executive Officer or Other Authorized Representative

For: _____
Applicant

Verified by: _____ Date _____
For GMC

**ROSS FY 1999 FUNDING
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Applicant: _____

Date: _____

10. List of RAs Receiving Support. CWRO applicants **only** must list in their application the names of the RAs that will receive training, technical assistance, and/or coordinated supportive services and must submit letters of support from each entity identified in the application.

List of Resident Associations Participating with the Intermediary Resident Organization

(Only Intermediary Resident Organization Applicants Need to Complete and Submit this Chart)

[illegible]

ROSS FY 1999 FUNDING

RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT

TAB 2

PROGRAM DESCRIPTION AND BUDGET

ROSS FY 1999 FUNDING
RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT

Applicant Name: _____ Date: _____

You **must** submit the attached **Needs Assessment Report** dealing with your proposed recipient population. At a minimum, the report must contain sections covering statistical or survey information on the needs of the recipient population and identifying existing resources to help meet the needs. You should respond to all relevant questions on the following pages. A complete set of responses will provide HUD with a comprehensive and succinct presentation of the information required to demonstrate your need for RMBD funds.

NEEDS ASSESSMENT REPORT

A.

Briefly describe the results of any survey of residents in the target development(s) by the applicant, welfare department, or other source or provide other empirical observations (not reflected in the statistics provided for Threshold 1, Focus on Residents Affected by Welfare Reform) regarding:

1. Resident professional, vocational, and educational skills and interests.
2. Resident training and supportive service needs related to: (1) moving from “welfare-to-work” such as counseling, literacy, English language skills, day care, transportation, and accommodation to disabilities; or (2) increased capacity for resident management activities.

B.

Describe: (1) various employment opportunities in the community which address the range of resident educational levels, skills, and other characteristics profiled in item B of this Needs Assessment Report and Chart A in Tab 1; (2) any training programs between 1 week and 18 months long and supportive service (such as transportation) that would be required for public housing residents and are unique to each opportunity; and (3) the extent to which each opportunity provides a stable livelihood sufficient to support families with children.

C.

Key Subpopulations.

Based on the profile of the resident population and information on job opportunities, name key segments of your resident population that need training, economic development, or supportive services for family self-sufficiency or independent living for the elderly/persons with disabilities. Describe your need briefly.

1. Actual or Estimated % on TANF/SSI/other type of welfare:

Source of Data or Justify Estimate:

Population:

Need:

2. Actual or Estimated % on TANF/SSI/other type of welfare:

Source of Data or Justify Estimate:

Population:

Need:

3. Actual or Estimated % on TANF/SSI/other type of welfare:

Source of Data or Justify Estimate:

Population:

Need:

4. Actual or Estimated % on TANF/SSI/other type of welfare:

Source of Data or Justify Estimate:

Population:

Need:

5. Actual or Estimated % on TANF/SSI/other type of welfare:

Source of Data or Justify Estimate:

Population:

Need:

D.

Describe how the extent and nature of these needs will be affected by welfare reform. Include in this discussion a brief summary of key provisions your State or Tribal government's welfare reform plan that are applicable to the population you intend to serve.

E.

Specify the number of persons in the following categories and identify their roles:

1. Residents in your development employed by the applicant.
2. Residents in your development employed by applicant contractors.
3. Resident-owned businesses contracting with the applicant.

Also, indicate the percentage (%) of:

- (1) Applicant employees that are residents.
- (2) Applicant contractors that are resident-owned or who employ more than one PHA/Tribe/TDHE resident.
- (3) Applicant contract dollars that go to resident-owned businesses or to businesses that employ more than one PHA/Tribe/TDHE resident.

F.

Name existing service providers on-site or near your targeted public housing development(s) that currently serve residents and contribute to meeting needs you have identified for the development. Assess the differential between what is provided and the level of need that you have identified over the next 36 months.

1. Service Provider/Resource: _____
(Check one) On-Site _____ Not On-Site _____
Eligible Recipients:

Extent to which Identified Needs of Targeted Development(s) are addressed by this Service Provider and type of service:

2. Service Provider/Resource: _____
(Check one) On-Site _____ Not On-Site _____
Eligible Recipients:

Extent to which Identified Needs of Targeted Development(s) are addressed by this Service Provider and type of service:

3. Service Provider/Resource: _____
(Check one) On-Site _____ Not On-Site _____
Eligible Recipients:

Extent to which Identified Needs of Targeted Development(s) are addressed by this Service Provider and type of service:

4. Service Provider/Resource: _____
(Check one) On-Site _____ Not On-Site _____
Eligible Recipients:

Extent to which Identified Needs of Targeted Development(s) are addressed by this Service Provider and type of service:

5. Service Provider/Resource: _____
(Check one) On-Site _____ Not On-Site _____
Eligible Recipients:

Extent to which Identified Needs of Targeted Development(s) are addressed by this Service Provider and type of service:

6. Service Provider/Resource: _____
(Check one) On-Site _____ Not On-Site _____
Eligible Recipients:

Extent to which Identified Needs of Targeted Development(s) are addressed by this Service Provider and type of service:

7. Service Provider/Resource: _____
(Check one) On-Site _____ Not On-Site _____
Eligible Recipients:

Extent to which Identified Needs of Targeted Development(s) are addressed by this Service Provider and type of service:

G.

Given the needs and resources identified, and the impact of welfare reform, summarize and prioritize unmet needs for family self-sufficiency.

Priority unmet need 1

Priority unmet need 2

Priority unmet need 3

Priority unmet need 4

Priority unmet need 5

H.

Describe the goals, objectives, and program strategies that will result in the successful transition of residents from welfare to work or increased capacity for resident management activities.

ROSS FY 1999 FUNDING RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT

Applicant Name:_____ Date:_____

Timetable, Activity Plan Summary, and Activity Breakout.

You must demonstrate that your program will make substantial progress within the first 6 months after grant execution including putting staff in place, finalizing partnership arrangements, completing the development of requests for proposals, and achieving other milestones that are prerequisites for implementation of the program. In addition you must demonstrate that your proposed timetable for all components of your proposed program is reasonable considering the size of the grant and your activities and that you can accomplish your objectives within the 36-month time limit.

As noted in the NOFA (Section IV(A)(7)), your application must include a narrative description of how you will carry out and fund activities and costs such as, but not limited to: training on HUD regulations and policies, hiring trainers or other experts, and handling other appropriate administrative costs. Any costs should be included in the budget you prepare later in this tab.

Also, complete Chart B, Activity Plan Summary, and a separate Chart C, Activity Breakout, for each activity specified in Chart B. Samples are provided of both charts.

SAMPLE – Chart B

RMBD ACTIVITY PLAN SUMMARY

Applicant Name: _____ Date: _____

#	PHASE/ACTIVITY	START/END DATE	MILESTONES	PARTICIPATING PARTNERS
1.	Outreach, Recruitment and Assessment	11/1/97 - 3/31/99	To recruit 100 TANF families for employment training and placement.	Resident Assn. Ourtown Comm. College
2.	Rehabilitation Community Center-	11/1/97 - 3/1/98	To render an abandoned building into a functional focus for welfare-to-work.	Resident Assn.
3.	Job Readiness and Retention Lifeskills Training-counseling, mentoring and referral to support services.	3/1/98 - 5/31/00	To address pre- and post-employment personal and family growth needs identified by 75 participants.	Family Counseling Services, Ourtown Comm Coll. and Residents Assn.
4.	Literacy Training	3/1/98 - 7/31/99	To provide 50 residents with math and verbal skills needed for successful job or business training.	Ourtown School System, Ourtown Community College
5.	Health Technician Training	5/98 – 11/99 and 8/1/98 to 5/31/00	To train 50 participants for full-time employment at family sustaining wages.	Ourtown Community College, Ourtown Hospital
6.	Entrepreneurship Training - Housing maintenance and management	5/98 – 11/99 and 8/1/98 to 5/31/00	To train 50 participants for full-time self-employment at family sustaining wages.	Private Industry Council (PIC), Dept. of Soc Service\TANF
7.	Job Placement/ Business Startup for trainees	11/1/98 - 5/1/00	To move an estimated 50 trainee graduates to full-time jobs or businesses at sustaining incomes.	PIC, Ourtown Hospital
8.	Transportation	3/1/98 - 5/31/00	To provide transportation needed to offsite training and work opportunities	Dept. of Social Services/ TANF, Ourtown Hospital
9.	Child Care	3/1/98 - 5/31/00	To address preschool (0-5 yrs) and before/after school (6- 12 yrs) child care needs of program participants.	Dept. of Social Services/ TANF, Headstart
10.	Computer Center	3/1/98 - 5/31/00	To use part of the community center as a computer center for training and other resident uses	Erol's (internet access), Local Industry Inc (com- puters, software)

Overall Program Goal: To enable 50 residents to move from welfare to full-time employment at sustaining incomes.

Chart B
RMBD ACTIVITY/PROGRAM PLAN SUMMARY

Applicant Name: _____ **Date:** _____

	Phase/Activity	Start/End Date	Milestones	Participating Partner/Activity
1				
2				
3				
4				
5				
6				

Overall Program Objectives: _____

SAMPLE – Chart C

RMBD ACTIVITY BREAKOUT FOR ACTIVITY 1 for Phase / Activity: Outreach, Recruitment, and Assessment

#	ACTIVITY/TASK	START/ END DATE	ORGANIZATIONS INVOLVED/ ROLES
A	Publicity/outreach for Welfare-to-Work Program- Production, door-to-door delivery and posting of brochures and other notices of welfare-to-work program opportunities and of upcoming informational meetings.	2 cycles 11/1/97-1/1/98 11/1/98-1/1/99	Resident Assn.
B	All Resident Meetings- Describe impact of welfare reform on resident lives, opportunities, requirements and schedule for RMBD Welfare-to-Work Program.	1/3/98-1/10/98 1/3/99-1/10/99	Resident Assn.
C	Follow-up Interviews, Resident sign-up and Housing Authority development of list of 100 program participants.	1/11/98-2/1/98 1/11/99 2/1/99	Resident Assn.
D	Assessment- Interview and assess participant interests, skills and training needs	2/98- 3/98 2/99- 3/99	Ourtown Community College, Social Work and Management Departments will assist Resident Assn.
E	Establish or coordinate with Welfare Department for individual plans for counseling/ mentoring, literacy training, job or business training, placement, day care, transportation, and any appropriate referrals.	3/98 3/99	Ourtown Community College, Social Work and Management Departments will assist Resident Assn.
F			
G			

Activity Milestone: To recruit 100 TANF families for employment training/placement

Chart C **RMBD ACTIVITY BREAKOUT**

for Phase/Activity _____ **Applicant Name:** _____ **Date:** _____

	ACTIVITY/TASK	START DATE END DATE	ORGANIZATIONS INVOLVED/ROLES
A			
B			
C			
D			
E			
F			

Activity Milestone: _____

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Applicant Name:_____ Date:_____

Program Resources and Budget

Please address your ability to secure community resources to be combined with HUD program resources to achieve your proposed RMBD program's purposes. HUD will consider the extent to which you have partnered with other entities to secure additional resources to increase the effectiveness of your proposed program activities. Your budget must reflect leveraged resources based on firm commitments of funds or the value of personnel, facilities, equipment, or other in-kind resources. "Firmly committed" means there is a written agreement to provide the resources. The agreement may be contingent on your receiving RMBD funding and services that must be signed by an official legally able to make commitments on behalf of the organization.

Provide detailed narrative information on the roles and responsibilities of each partner and their contribution(s). (Partners that will administer RMBD funds should be designated "subgrantees.") Also, complete Chart D, Program Resources, and a budget.

Specify the amount and type of resources and services that your partner firmly commits to contribute to your grant program, including your supplemental grant funds with a cash and/or in-kind contribution match of not less than 25% of the grant amount. In valuing volunteer time or services and donated items, use the following guidelines:

- (a) The value of volunteer time and services shall be computed at a rate of \$6.00 per hour, except that the value of volunteer time and service involving professional and other special skills shall be computed on the basis of the usual and customary hourly rate paid for the service in the community where the RMBD activity is located.
- (b) The value of any donated material equipment, building, or lease shall be computed based on the fair market value at time of donation. Such value shall be documented by bills of sales, advertised prices, appraisals, or other information for comparable property similarly situated. The documentation shall be not more than 1 year old and taken from the community where the item or RMBD activity is located.

ROSS FY 1999 FUNDING RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT

CHART D RMBD Program Resources

Applicant Name:_____ **Date:**_____

Name of Provider/Partner	Activity	Type of Resource	Dollar Value of Resource	Page No. of MOU/MOA	HUD Use Only
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
Total of Provider/Partner Contributions			\$		
Requested RMBD Grant Funds			\$		
TOTAL PROGRAM RESOURCES			\$		

Sample Chart E: Detailed RMBD Budget

#	ACTIVITY	BUDGET ITEM	RMBD GRANT FUNDS	PARTNER FUNDS	TOTAL FUNDS
1	Start-Up – HUD training, financial training, community organizing	RMBD COSTS	Applicant Expenses	\$1,000	
			Admin & Other	\$1,000	
			Contractor(s)	\$0	
			Subgrantee.	\$0	
		NON-RMBD COSTS	Applicant	\$0	
			Partners: Ourtown CDC	\$5,000	
		TOTAL COSTS	\$2,000	\$5,000	\$7,000
2	Outreach, Marketing and Assessment	RMBD COSTS	Applicant Expenses	\$1,000	
			Admin & Other	\$2,000	
			Contractor(s)	\$0	
			Subgrantee.	\$0	
		NON-RMBD COSTS	Housing Authority	\$10,000	
			Partners: Ourtown Comm Coll	\$20,000	
		TOTAL COSTS	\$3,000	\$30,000	\$33,000
3	Procurement - Planning, statement of work, Competition for contractors	RMBD COSTS	Applicant Expenses	\$0	
			Admin & Other	\$1,000	
			Contractor(s)	\$0	
			Subgrantee	\$0	
		NON-RMBD COSTS	Applicant	\$0	
			Partners:	\$0	
			Ourtown State College	\$0	
		TOTAL COSTS	\$1,000	\$0	\$1,000
4	Literacy Training	RMBD COSTS	Applicant Expenses	\$3,000	
			Admin & Other	\$1,000	
			Contractor(s)	\$0	
			Subgrantee	\$0	
		NON-RMBD COSTS	Applicant	\$0	
			Partner: Ourtown Comm Coll	\$15,000	
		TOTAL COSTS	\$4,000	\$15,000	\$19,000

Sample Chart E: Detailed RMBD Budget (continued)

5	Entrepreneurship Training- Resident Management and Maintenance	RMBD COSTS		Applicant Expenses	\$6,000		
			Admin & Other		\$2,000		
			Contractor(s)		\$24,000		
			Subgrantee		\$0		
		NON-RMBD COSTS		Applicant		\$0	
			Partner			\$0	
						\$0	
							\$0
		TOTAL COSTS			\$32,000	\$0	\$32,000
6	Closeout, Audit and Evaluation	RMBD COSTS		Applicant Expenses	\$0		
			Admin & Other		\$3,000		
			Contractor #1		\$5,000		
			Contractor #2		\$4,500		
				Ourtown State Univ. Subgrantee			
		NON-RMBD COSTS		Applicant		\$0	
				Partner: Ourtown State Univ.		\$10,000	
		TOTAL COSTS			\$12,500	\$10,000	\$22,500
		TOTAL RMBD BUDGET					
		BUDGET ITEM			RMBD GRANT COST	NON RMBDCOST	TOTAL COST
		RMBD COSTS	Applicant Expenses		\$11,000		
			Admin & Other		\$10,000		
			Contractors		\$33,500		
				Subrecipients	\$0		
		NON-RMBD COSTS		Applicant		\$0	
				Partners		\$60,000	
		TOTAL COSTS			\$0	\$0	\$0
					\$54,500	\$60,000	\$114,500

Chart E: Detailed RMBD Budget

#	ACTIVITY	BUDGET ITEM		RMBD GRANT FUNDS	PARTNER FUNDS	TOTAL FUNDS
1		RMBD COSTS		Applicant Expenses		
			Applicant Admin & Other			
			Contractor(s)			
			Subgrantee			
		NON-RMBD COSTS		Applicant		
			Partners:			
		TOTAL COSTS				
2		RMBD COSTS		Applicant Expenses		
			Applicant Admin & Other			
			Contractor(s)			
			Subgrantee			
		NON-RMBD COSTS		Applicant		
			Partners:			
		TOTAL COSTS				
3		RMBD COSTS		Applicant Expenses		
			Applicant Admin & Other			
			Contractor(s)			
			Subgrantee			
		NON-RMBD COSTS		Applicant		
			Partners:			
		TOTAL COSTS				

Chart E: Detailed RMBD Budget (continued)

#	ACTIVITY	BUDGET ITEM		RMBD GRANT FUNDS	PARTNER FUNDS	TOTAL FUNDS
4		RMBD COSTS		Applicant Expenses		
			Applicant Admin & Other			
			Contractor(s)			
			Subgrantee			
			NON-RMBD COSTS		Applicant	
			Partners:			
		TOTAL COSTS				
5		RMBD COSTS		Applicant Expenses		
			Applicant Admin & Other			
			Contractor(s)			
			Subgrantee			
			NON-RMBD COSTS		Applicant	
			Partners:			
		TOTAL COSTS				
6		RMBD COSTS		Applicant Expenses		
			Applicant Admin & Other			
			Contractor(s)			
			Subgrantee			
			NON-RMBD COSTS		Applicant	
			Partners:			
		TOTAL COSTS				

Chart E: Detailed RMBD Budget (continued)

#	ACTIVITY	BUDGET		RMBD GRANT FUNDS	PARTNER FUNDS	TOTAL FUNDS
		ITEM				
7		RMBD COSTS		Applicant Expenses		
			Applicant Admin & Other			
			Contractor(s)			
			Subgrantee			
		NON-RMBD COSTS		Applicant		
			Partners:			
		TOTAL COSTS				
8		RMBD COSTS		Applicant Expenses		
			Applicant Admin & Other			
			Contractor(s)			
			Subgrantee.			
		NON-RMBD COSTS		Applicant		
			Partners:			
		TOTAL COSTS				
9		RMBD COSTS		Applicant Expenses		
			Applicant Admin & Other			
			Contractor(s)			
			Subgrantee			
		NON-RMBD COSTS		Applicant		
			Partners:			
		TOTAL COSTS				

Chart E: Detailed RMBD Budget (continued)

#	ACTIVITY	BUDGET ITEM		RMBD GRANT FUNDS	PARTNER FUNDS	TOTAL FUNDS
10		RMBD COSTS		Applicant Expenses		
			Applicant Admin & Other			
			Contractor(s)			
			Subgrantee			
		NON-RMBD COSTS		Applicant		
			Partners:			
		TOTAL COSTS				
11		RMBD COSTS		Applicant Expenses		
			Applicant Admin & Other			
			Contractor(s)			
			Subgrantee			
		NON-RMBD COSTS		Applicant		
			Partners:			
		#	ACTIVITY	BUDGET ITEM		
12		RMBD COSTS		Applicant Expenses		
		TOTAL COSTS				
		TOTAL RMBD BUDGET				
			BUDGET ITEM	RMBD GRANT COST	NON RMBD COST	TOTAL COST
		RMBD COSTS		Applicant Expenses		
			Applicant Admin & Other			
			Contractor(s)			
			Subgrantee(s)			
		NON-RMBD COSTS		Applicant		
				Partners		
		TOTAL COSTS				

ROSS FY 1999 FUNDING RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT

Applicant: _____ Date: _____

Proposed Program Staffing and Administration

Please address the extent to which your organization has the resources necessary to successfully implement your proposed activities in a timely manner.

Include a narrative description of your proposed staffing (paid or volunteer) in support of your proposed program and proposed coordination among service providers; a completed Chart F, an organization chart, staff position descriptions, and resumes. Collectively, these items should identify the following:

- 1) An explanation of how your staffing plan is structured to accomplish your program objectives;
- 2) A staff person(s) who will have primary responsibility for effective overall coordination of your program on a day to day basis and what percentage of his/her time will be committed to this responsibility;
- 3) Administrator staff persons, position descriptions, proposed roles in implementing the RMBD program, relevant skills, and percentage of time allocated to the program;
- 4) A comprehensive break-out of who will provide training and related services and how the services will be delivered. Indicate who will conduct training: you, the Contract Administrator, a contractor, another applicant, or other partner.
- 5) Your project management structure, including the use of a Contract Administrator. Describe how co-applicants, subgrantees, and other partner agencies relate to the program administrator as well as the lines of authority and accountability among all components of your proposed program.
- 6) Your fiscal management structure, including but not limited to budgeting, fiscal controls, and accounting. Clearly identify the staff responsible for fiscal management, and the processes and timetable for implementation during your proposed grant period.

Chart F: PROGRAM STAFFING Applicant Name: _____

I. Applicant/Contract Administrator				
Name of Staff Person	Organization and Position	Role in Grant Program	Percent of Time on Grant	Cost to Grant
II. CONTRACTOR ROLE				
Type of Contractor to be Solicited	Role in Grant Program	Estimated Cost to Grant Program		

ROSS FY 1999 FUNDING RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT

Applicant: _____ Date: _____

Applicant/Administrator Track Record

Instructions for Chart G

Complete the Applicant/Administrator Track Record Chart in this Tab (Chart G). A sample and blank chart are located in this Tab. Include in Chart G your or your Contract Administrator's prior performance in successfully carrying out grant programs designed to assist residents in increasing their self-sufficiency, security, or independence.

To receive a high score, you must demonstrate your (or the proposed Contract Administrator's) program compliance and successful implementation of any grant programs oriented to resident self-sufficiency, security, or independence. Grants in this category include, but are not limited to:

- Economic Development and Supportive Services Program
- Family Investment Center Program
- Youth Development Initiative under the Family Investment Center Program
- Youth Apprenticeship Program
- Apprenticeship Demonstration in the Construction Trades Program
- Urban Youth Corps Program
- HOPE I Program
- Public Housing or Section 202/8 Service Coordinator Program
- Public Housing Drug Elimination Program
- Section 8 Family Self-Sufficiency
- Youthbuild
- Youth Sports Program
- Tenant Opportunities Program
- Housing Counseling
- HUD Nehemiah Program
- Limited Equity Housing Cooperative Conversions
- Resident services or empowerment programs sponsored by State or local governments or private foundations

SAMPLE – Chart G: RMBD APPLICANT/ADMINISTRATOR TRACK RECORD

Applicant: Ourtown Resident Association

HUD PROGRAM	PROJECT NUMBER	% OF TERM COMPLETED	% FUNDS DRAWN DOWN	MAJOR GOAL #1	% COMPLETE	MAJOR GOAL #2	% COMPLETE
Youth Apprenticeship Program	PA99YAP 002033 94	100%	75%	To enable 30 resident youth to complete community service programs.	90%	To enable 30 resident youth to complete apprenticeship training.	67%
Drug Elimination Grant	PA99DEP 00306095	90%	80%	To train resident patrols in seven developments.	71%	To implement resident patrols in seven developments.	57%

Chart G: RMBD Applicant/Administrator Track Record

Applicant: _____

Program	Project Number	% of Term Complete	% of Funds Drawn Down	Major Goal #1	Percent Complete	Major Goal #2	Percent Complete

**ROSS FY 1999 FUNDING
RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT**

Applicant Name: _____ Date: _____

Coordination with State or Tribal Welfare Plan/Community Consolidated Plan/Other Activities.

Your RMBD applications must summarize the State or Tribal welfare plan, describe below how your proposed program is consistent with that plan, and complete the following Certification of Consistency with the Consolidated Plan in this Tab.

You should demonstrate that you have reviewed your community's Consolidated Plan and Analysis of Impediments to Fair Housing Choice, if one has been conducted, and has proposed activities that address the priorities, needs, goals, and objectives in those documents; or substantially further fair housing choice in the community. Applicants from tribal communities should demonstrate that you have reviewed your Indian Housing Plan.

To the extent possible, you should also demonstrate that, in carrying out program activities, you will develop linkages with: other HUD-funded program activities proposed or ongoing in the community; or other State, Federal, Tribal or locally funded activities proposed or ongoing in the community, which taken as a whole, support and sustain a comprehensive system to address needs.

**CERTIFICATION OF CONSISTENCY WITH THE
CONSOLIDATED PLAN**

**U.S. Department of Housing
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

Applicant Name: _____

Project Name: _____

Location of the Project: _____

Name of the Federal Program(s)
to which the applicant is applying: _____

Name of Certifying Jurisdiction: _____

Title: _____

Signature: _____

Date: _____

ROSS FY 1999 FUNDING RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT

Applicant: _____ Date: _____

Physical Improvements

If the applicant is proposing physical improvements as described in the NOFA (Section IV(A)(5)(ix)), they must include the following items in their application.

Each applicant must submit a description of the renovation or conversion to be conducted along with a budget and timetable for those activities.

Each applicant must demonstrate a firm commitment of assistance from one or more sources ensuring that supportive services will be provided for not less than 2 years following the completion of renovation, conversion, or repair activities funded under this NOFA.

If renovation, conversion, or repair is done off-site, the PHA must provide documentation that it has control of the proposed property for not less than 2 years and preferably for 4 years or more. Control can be evidenced through a lease agreement, ownership documentation, or other appropriate documentation.

ROSS FY 1999 FUNDING

RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT

TAB 3

CERTIFICATIONS AND ASSURANCES

ROSS FY 1999 FUNDING RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT

Applicant: _____ Date: _____

Other Certifications and Assurances

Insert in this tab all signed forms listed below. Blank copies of these forms may be found in Part VII of this application kit.

- ☐ Assurances – Non-Construction Programs (Form SF-424B)
- ☐ Certification for a Drug-Free Workplace (Form HUD–50070)
- ☐ Applicant/Recipient Disclosure/Update Report (Form HUD-2800)
- ☐ Applicant's Disclosure on Lobbying Activities
- ☐ Disclosure of Lobbying Activities (Form SF- LLL)
- ☐ Certification of Payments to Influence Federal Transactions (Form HUD-50071)
- ☐ Certification or Disbarment and Suspension (Form HUD–2992)
- ☐ Acknowledgement of Application Receipt

